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FEC FORM 1	ORGANIZATION						Office Use Only			
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4. IS THIS STATE	MENT 🔀	NEW (N	OR		AMENDED	) (A)				
I certify that I have o	examined thi	s Statement	and to the bes	t of my i	knowledge and	belief it is	true, corre	t and comple	ete.	
Type or Print Name	of Treasurer	TUC	KER SN	/AT	HERS			<u> </u>		
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NOTE: Submission of	·	•		•	ect the person s	•		•	s of 2 U.S.C. §	437g.
Office Use Only				.54 .11	For further information of Toll Free 800-424- Local 202-694-110	Commission -9530	ct:		FORM 1 ed 02/2009)	